Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03/</u> 30/2 <u>011</u>	Address:	842 w 600s
Case #:	111SPC0003		Ft Branch, In
County:	Gibson		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☑ Outbuilding ☐ Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:
Hems Found: Location (bedroom, kitchen, open air, ctc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: garage			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
☐ Yes _ ⊠ No	er age 18 (liscovered (check one) (number present) eport to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Health Deg	tment: <u>Pt Branch</u> partment: <u>Gibson County</u> petion Service: n/a	Fax: <u>812-7</u> Fax: <u>812-3</u> Fax:	886-8027
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Doug Humphrey</u> Phone <u>812-867-2079</u>			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.